



MAIL STOP AF
AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 2861

00684.003130

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
NAOJI OTSUKA, ET AL.) Examiner: T. Nguyen
Appln. No.: 09/768,464) Group Art Unit: 2861
Filed: January 25, 2001)
For: BIDIRECTIONAL PRINTING)
METHOD AND APPARATUS WITH :
REDUCED COLOR UNEVENNESS) March 19, 2004

Commissioner for Patents
MAIL STOP AF
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

Introductory Comments

In response to the Official Action mailed December 19, 2003, the Examiner
is respectfully requested to amend the above-identified application as follows.



image

AF / 2861--

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Docket No.: 00684.003130

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APPARATUS WITH REDUCED COLOR
UNEVENNESS

Date: March 19, 2004

COMMISSIONER FOR PATENTS
MAIL STOP AF
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	31	MINUS	33	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	5	MINUS	6	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,


Attorney for Applicants

Registration No. 33,628

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30 Rockefeller Plaza
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MAW\mt